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**AFFIDAVIT OF OWNERSHIP FOR AMATEUR-BUILT AND OTHER
NON-TYPE CERTIFICATED AIRCRAFT**
(does not include light-sport)

U. S. Identification _____

Name of Amateur / Non TC'd builder _____

Model _____ Serial Number _____

Class (glider, balloon, blimp/dirigible-airship, fixed wing single engine, fixed wing multi-engine, rotorcraft, weight-shift-control, powered parachute, gyroplane, hybrid, or other.) _____

Built for Land or Sea Operation _____ Number of Seats _____

Type of Engine Installed (reciprocating, turboprop, 2 or 4 cycle, electric, etc.) _____

Number of Engines Installed _____

Engine Manufacturer _____ Engine Model _____

Engine Serial Number(s) _____

_____	_____	_____
_____	_____	_____
_____	_____	_____

MUST CHECK ONE

More than 50% of the above-described aircraft was built from miscellaneous parts and I am the owner. (This option is for aircraft eligible for amateur-built certification.)

More than 50% of the above-described aircraft was built from a kit (prefabricated parts) and I am the owner. The bill of sale from the kit manufacturer is attached. (This option is for aircraft eligible for amateur-built certification.)

I certify that the above-described aircraft is a newly built non-type certificated aircraft and is not currently registered in another country. (This option is for aircraft eligible for experimental certification other than amateur-built.)

I certify that the above-described aircraft is a previously built (used) non-type certificated aircraft and is not currently registered in another country. (This option is for aircraft eligible for experimental certification other than amateur-built certification.)

Evidence of ownership from the aircraft builder through any intervening owners is attached (chain of ownership).

Unable to obtain complete chain of ownership. Statement as to ownership history and whereabouts of aircraft is attached.

Name of Owner: _____

Signature of Owner _____ Title of Signer _____
(In Ink or Digital): _____ (If Appropriate): _____

Address of Owner: Number and Street: _____ Apt/Suite Number: _____

P. O. Box _____ Rural Route: _____ City: _____

State (or foreign Province, State, Country): _____ Zip: _____

Telephone Number: () _____ Email Address: _____

Notary Public: State of: _____ County of: _____

Subscribed and sworn to before me this _____ day of _____, _____

My Commission Expires: _____

(Signature of Notary Public)